## Correspondence

## The Road Not Taken— Another Perspective

To the Editor: In a hospital library several weeks ago, I chanced on the May 3, 1996, CDC [Centers for Disease Control and Prevention] Surveillance Summary on abortion in the United States. I can't get the statistics out of my mind. From 1970 to 1992, there were 25,438,430 legal abortions performed in this country. In 1992, for every 1,000 live births in California, there were 564 abortions. Put another way, one of every three pregnancies in California was legally aborted. For the District of Columbia, the number of abortions actually exceeded live births.

The article, "The Road Not Taken," in the April 1996 issue<sup>2</sup> describes a 19-year-old Chinese student in California who was informed of an unplanned pregnancy. In her shocked state, she was told of her choices—carrying the pregnancy and keeping the child, adoption, or terminating the pregnancy. The author, Kirsti Dyer, MD, describes her own ambivalence within her own life over the price of choosing a medical career over having children. Parenthood was the road Dyer says she could not take.

We do not know what became of the Chinese girl. If "the road not taken" for the student meant that she chose abortion, then the road of life was forfeited to the culture of death. And she will have become a future CDC statistic.

We are a culture of relativism and individualism. And sometimes selfishness. Fifty years from now, will the world look with favor on this culture of "choice"? What if the ruling on abortion has been wrong? What if the medical profession has been wrong? When will we take responsibility for our actions? What if the unborn fetus really is alive? And is a person? And has a soul? What will the world say? Think about it.

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## **REFERENCES**

- 1. Centers for Disease Control and Prevention: Abortion surveillance—United States, 1992. MMWR CDC Surveill Summ 1996; 45(SS-3)
  - 2. Dyer KA: The road not taken. West J Med 1996; 164:369-370

## Dr Dyer Responds

To the Editor: I, too, am disturbed that "one in three pregnancies in California was legally aborted." According to other recent CDC statistics, however, overall abortion

rates are decreasing. Still, the question that must be addressed in this continuing controversy is, "Why are there so many unwanted pregnancies?"

Abstinence simply does not work for everyone. The media bombards children and teenagers with conflicting and confusing sexual messages, from the subtle to the overt. Preteens and teenagers are physically capable of causing a pregnancy, but their intellect and reason—like that of some adults—are frequently unable to override urges, and few of them are mature enough to deal with the consequences. These consequences primarily fall on girls and women, who often must face a pregnancy without the boy or man who altered their life. Of equal concern is the use of new "mind-numbing pills" ("roofies"), which leave girls and women unable to recollect the events of the previous evening and wondering if they might be pregnant.

Combatting the highly sexual messages of the media would require that several changes in both individual and social attitudes occur:

- Recognizing that abstinence does not work for everyone.
- Promoting self-esteem, especially in young women, so that they will have the confidence to wait to engage in sexual activity and to say "no."
- Promoting responsibility in young men in place of the search for sexual conquests. Such a change would require that years of conditioned behavior be reversed.
- Providing accurate sex education, clearly conveying the consequences of sexual activity, to school children from an early age. As may have been the case with the student I treated, ignorance can cause pregnancy; it certainly does not prevent sexual activity.
- Providing adequate access to birth control and encouraging men to take equal responsibility for it. This has been easier since the AIDS epidemic has increased the use of condoms.
- Recognizing that abortion should be a last resort, not an alternative means of birth control.

In my "Lessons From the Practice" essay, I did not mean to imply that the decision to abort is easy, nor that I am ambivalent about my own decision not to have children earlier in my life. I wrestle with the fact that I chose career over family and now may never have children. But I believe that the patients I have treated are in some ways my "children." The effect that I have had on their lives is worth more to me than my reproductive abilities.

Every baby should be wanted, and women should not be penalized their entire life for one hasty, reckless act.